

REMARKS

This application is a continuation-in-part of a parent application, U.S. Patent Application No. 09/523,569, now abandoned.

In this final Office Action dated October 11, 2005, the Examiner has entered the Applicants' previous amendments to Claims 1, 7, and 13 as requested in the Applicants' previous response filed on July 18, 2005. The Examiner has withdrawn the previous rejection of Claims 1-4 under 35 U.S.C. § 102(e) as being anticipated by U.S. Patent No. 6,032,119 to Brown et al. ("Brown"). However, the Examiner has newly rejected Claims 1-4 and 6-18 under 35 U.S.C. § 103(a) as unpatentable over Brown in view of newly cited U.S. Patent No. 6,272,468 to Melrose ("Melrose"). The Examiner has also reiterated the previous rejection of Claim 5 under 35 U.S.C. § 103(a) as unpatentable over Brown in view of Melrose as applied to Claims 1-4 and 6-18, and further in view of the previously cited reference to U.S. Patent No. 5,995,939 to Berman et al. ("Berman").

The Applicants thank the Examiner for withdrawing the previous rejection of Claims 1-4 as anticipated by Brown under 35 U.S.C. § 102(e). In addition, the Applicant thanks the Examiner for granting an interview on March 30, 2006 to clarify the Examiner's outstanding rejections citing Brown, Melrose, and Berman, as well as to review the Applicants proposed amendments to the claims prior to submitting this response.

During the interview of March 30, 2006, the Applicant and the Examiner did not reach an agreement with regard to allowable subject matter. However, the Examiner did indicate that the rejections of the claims under 35 U.S.C. § 103(a) over Brown in view of Melrose would likely be withdrawn in view of the proposed amendments, at least in part because of the limitation that the healthcare information originates from disparate sources, and because the data model facilitates accessing the healthcare information by selected anatomic structures. In clarifying the

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outstanding rejections, the Examiner cited an additional passage in Melrose in col. 5, lines 1-10, in which the Examiner noted the reference to interfaces to the human body model "designed to represent typical sites of physical examination or specimen collection." (Melrose, col. 5, lines 6-7).

In this response, the Applicants request continued examination of the application, and have again amended independent Claims 1, 7, and 13, as well as dependent Claims 2-3, 8-9, and 14-15 to more particularly point out the subject matter which Applicants claim as their invention. Claims 1-18 remain pending. The Applicants respectfully traverse the rejection of Claims 1-18 under 35 U.S.C. § 103(a). Specifically, the Applicants submit that Brown, Melrose, Berman, and knowledge in the art at the time of making the invention, either alone or in combination, fail to teach or suggest providing access to healthcare information that **comprises medical history information for a patient including healthcare service order information, medical event information and medical encounter information**, each of which has been **associated with an anatomic structure in accordance with a data model**, where the anatomic structure corresponds to **a selected anatomic structure of a patient**, as recited in amended independent Claims 1, 7 and 13. Pursuant to 37 C.F.R. § 1.111, and for the reasons set forth below, the Applicants respectfully request the examiner to reconsider and withdraw the rejections, and to allow this application as soon as possible.

Before discussing in detail the reasons why Applicants believe that Claims 1-18 are allowable, brief descriptions of the present invention and the cited and applied references are presented. The following discussion of the disclosed embodiments of Applicants' invention and the differences between the disclosed embodiments and the teachings in the applied references are not provided to define the scope or interpretation of any of the claims. Instead, the following

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discussion is provided to help the Examiner to better appreciate important claim distinctions discussed thereafter.

Summary of the Disclosed Embodiments

The present invention is directed toward a computer-readable medium and method for accessing healthcare information. According to one embodiment of the invention, accessing healthcare information for a patient is provided via an anatomic user interface. The anatomic user interface provides the user with an anatomic model of the patient from which the user may drill down to a particular anatomic structure of interest. Upon selection of the anatomic structure, the anatomic user interface displays to the user the healthcare information that is associated with the selected anatomic structure, and may include medical history information for the patient comprising healthcare service order information, medical event information, and medical encounter information.

The anatomic user interface displays an anatomic model of the patient using anatomic information provided by an anatomic data model. Among other uses, the anatomic data model provides the anatomic user interface with only that healthcare information that is associated with a particular anatomic structure, thereby eliminating information related to other nonselected anatomic structures. The healthcare information associated with a particular anatomic structure may further be constrained by outside elements that affect accepted medical practice. The outside elements may include medical diagnoses that have been attributed to a particular anatomic structure, payor information, service provider capabilities, local best practices, evidence-based medicine standards, regulatory requirements, etc.

By providing access to healthcare information as described above, the present invention provides advantages not found in prior art systems. In particular, when an anatomic structure of the anatomic model of the patient is selected by the practitioner, the anatomic data model

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provides only that healthcare information for the patient that is associated with the selected structure. Accessing healthcare information for a patient using an anatomic model allows practitioners to eliminate irrelevant healthcare information and work with only a subset of relevant, more easily navigable information. Moreover, using aspects of the present invention, a practitioner can build upon preexisting medical history information for the patient to facilitate efficient and accurate diagnosis of and provision of healthcare services to the patient.

Summary of Melrose

Melrose discloses a system that implements database and object-oriented programming technologies to model and record the variable human body biochemical equilibrium and its physiological and anatomical manifestations at the genome, cell, tissue, organ and system levels (the "humanBody" class of objects). Melrose further discloses medical record information for a particular patient (the "medicalRecord" class of objects). The Examiner argues that it would have been obvious to include the features disclosed in Melrose within the system disclosed in Brown to display healthcare information organized according to an anatomic data model as recited in the independent claims. The Applicants disagree.

Modeling and recording the variable human body biochemical equilibrium and its physiological and anatomical manifestations, as disclosed in Melrose, is not the same as associating healthcare information, such as medical history information, with anatomic structures in accordance with a data model as recited in the claimed embodiments of this application. For example, nothing in the disclosure of the medicalRecord objects in Melrose indicates that such objects model medical history information such that the information is associated with particular anatomic structures, or so that such objects facilitate access to medical history information by anatomic structure, including healthcare service order information, medical event information and medical encounter information, as recited in the claims of this application. Rather, the type

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of modeling disclosed in Melrose is designed for clinician as a decision support tool, as well as for the patient as a patient education tool. At best, Melrose discloses only a medical record organization and format at a level of the patient's identity that, as noted in the Abstract of Melrose, is typical in the healthcare industry. There is no indication in Melrose of any association of the medical record with a particular anatomic structure in accordance with a data model as recited in the claimed embodiments of this application.

Rejection of Claims 1-4 and 6-18 under 35 U.S.C. § 103(a) over Brown in view of Melrose

Claim 1 as currently amended reads as follows:

1. A computer-readable medium having a computer-executable component for enabling a user to access healthcare information, the computer-executable component comprising:

an anatomic user interface for displaying an anatomic model from which the user selects an anatomic structure of interest, wherein, upon selection of the anatomic structure, the anatomic user interface displays healthcare information originating from disparate sources, wherein the healthcare information is **associated with an anatomic structure according to a data model**, and further wherein **the data model facilitates accessing the healthcare information by anatomic structure**, including accessing medical history information **by the selected anatomic structure for the patient**, the medical history information including **healthcare service order information, medical event information and medical encounter information associated with the selected anatomic structure of the patient**. (emphasis added.).

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In support of the rejection of Claim 1, the Examiner concedes that Brown does not explicitly disclose healthcare information organized according to an anatomic data model comprising medical history information for a patient including healthcare service order information, medical event information and medical encounter information. However, the Examiner argues that Melrose suggests organizing healthcare information according to an anatomic data model comprising medical history information for a patient including healthcare service order information, medical event information and medical encounter information, citing the Abstract of Melrose, and col. 3, lines 16-66. The Examiner concludes that it would have been obvious to one of ordinary skill in the art at the time of the invention to have included the features of Melrose within the system of Brown with the motivation of providing the clinician or patient user access to the human body model, medical record using an intuitive user interface. The Applicants disagree.

The passages in Melrose that the Examiner relies on disclose no detail about what the medical record contains, or how it is organized, other than to state that it is a "typical healthcare industry medical record organization and format." (Melrose, Abstract). The Examiner referred during the interview to the disclosed interfaces to the human body model that are "designed to represent typical sites of physical examination or specimen collection," (Melrose, col 5, lines 6-7). In relying on this passage, the Examiner is apparently equating such interfaces to the human body model with healthcare information organized according to an anatomic data model. However, the Applicants submit that the disclosed interfaces reveal nothing about the organization and format of the medical record information. In particular, there is nothing in Melrose to suggest that such interfaces also exist for the medical record objects, or that any medical information contained in the medical record object comprises medical history information *that has been associated with an anatomic structure*, including healthcare service

order information, medical event information and medical encounter information as recited in independent Claim 1, as currently amended. The Applicants note that the Examiner has already conceded on Page 5 of the previous Office Action, in reference to Claim 7, that Brown does not disclose displaying healthcare information that comprises medical history information as recited in Claims 1, 7, and 11. Accordingly, neither Melrose nor Brown discloses healthcare information that comprises medical history information, in particular medical history information that has been associated with an anatomic structure for later access by a selected anatomic structure of a patient as recited in independent Claim 1, as currently amended. Accordingly, the Applicants respectfully request reconsideration and allowance of Claim 1.

The Examiner has rejected dependent Claims 2-6 for the same reasons as presented in the previous Office Action. In this response, the Applicants resubmit the arguments for the allowability of Claims 2-6 as presented in the previous response. In addition, the Applicants submit that Claims 2-6 as currently amended are allowable at least in part because they depend from allowable independent Claim 1, and because of their additional limitations. Accordingly, the Applicants respectfully request reconsideration and allowance of dependent Claims 2-6.

The Examiner has further rejected independent Claims 7 and 13, and their dependent Claims 8-12, and 14-18, for the same reasons as the rejections of independent Claim 1 and dependent Claims 2-6. The Applicants respectfully disagree, and assert the same arguments made with respect to the rejections of independent Claim 1 and dependent Claims 2-6. Accordingly, the Applicants respectfully request reconsideration and allowance of Claims 7-18.

CONCLUSION

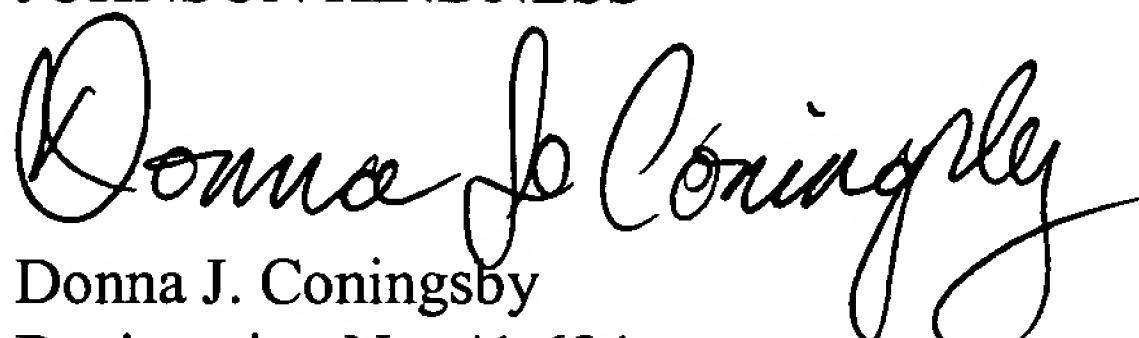
In view of the foregoing remarks, Applicant submits that all of the claims in the present application are clearly patentably distinguishable over the teachings of Brown, Melrose, and Berman, taken alone or in combination with other teachings in the prior art. Independent

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Claims 1, 7 and 13 are clearly and patentably distinguishable over the cited and applied references. Claims 2-6, 8-12, and 14-18 are allowable because they depend from allowable independent Claims 1, 7 and 13, and because of their additional limitations, some of which have been discussed above. Accordingly, Applicants submit that this application is in condition for allowance. Reconsideration and reexamination of the application, allowance of the claims, and passing of the application to issue at an early date are solicited. If the Examiner has any remaining questions concerning this application, the Examiner is invited to contact the Applicant's undersigned attorney at the number below.

Respectfully submitted,

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